

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/Patent # <u>10/517958</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	\$ <u>100</u>
		<input type="checkbox"/> Amendment	\$
		<input type="checkbox"/> Extension of Time	\$
		<input type="checkbox"/> Notice of Appeal/Appeal	\$
		<input type="checkbox"/> Petition	\$
		<input type="checkbox"/> Issue	\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
		<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$		
<input type="checkbox"/> Other	\$		
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>100</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check	
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation: _____)		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>1</u><u>3</u>--<u>0</u><u>2</u><u>35</u> </div>	
<div style="border: 1px solid black; padding: 5px; transform: rotate(-15deg); display: inline-block;"> REFUND COMPLETED PCT NATIONAL DIVISION </div>			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>JAMALA Holland</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>J. Holland</u>		PHONE: <u>703-308-9140</u>	
OFFICE: <u>PCT</u>		<u>X209</u>	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: